IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

BARAUSKAS ET AL.

Title:

Serial No. 10/586,778 Filed: March 23, 2007

OCT 1 5 2009 C/A.U.

ARC-613-109 Atty

Dkt.

C# M#

1615 Examiner: Ahmed

Date: October 15, 2009

NON-LAMELLAR COMPOSITIONS OF DOPE AND P80

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

Fees are attached as calculated below:

Total effective claims after amendment 14 mi previously paid for 20 (at least 20) = 0	inus highest number 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$	0.00
Independent claims after amendment previously paid for 3 (at least 3) = 0	inus highest number x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$	0.00
If proper multiple dependent claims now added for fire	st time, (ignore improper); add \$390.00 (1203)/\$195.00 (2203) \$	0.00
Tv Thre F	te so as to cover the filing date of this One Month Extension \$130.00 (1251)/\$65.00 (2251) WO Month Extensions \$490.00 (1252)/\$245.00 (2252) Bee Month Extensions \$1110.00 (1253/\$555.00 (2253) Four Month Extensions \$1730.00 (1254/\$865.00 (2254) Ve Month Extensions \$2350.00 (1255/\$1175.00 (2255)	\$ 555.00
Terminal disclaimer enclosed, add	\$140.00 (1814)/ \$70.00 (2814)	0.00
☐ Applicant claims "small entity" status. ☐ State	ement filed herewith	
Rule 56 Information Disclosure Statement Filing Fee	\$180.00 (1806)	0.00
Assignment Recording Fee	\$40.00 (8021)	0.00
Other:	\$	0.00
	TOTAL FEE \$	555.00

□ CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

ARC:eaw

NIXON & VANDERHYE P.C.

By Atty: Arthur R. Crawford Reg. No. 25,327

Signature:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE In re Patent Application of ARC-613-109 Atty Dkt. C# M# OCT 1 5 2009 BARAUSKAS ET AL. TC/A.U. 1615 Serial No. 10/586,778 Examiner: Ahmed Filed: March 23, 2007 Date: October 15, 2009 NON-LAMELLAR COMPOSITIONS OF DOPE AND P80 Title: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon. ☐ Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment 14 minus highest number previously paid for 20 (at least 20) =0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$ 0.00 Independent claims after amendment minus highest number previously paid for 3 (at least 3) =x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$ 0.00 If proper multiple dependent claims now added for first time, (ignore improper); add \$390.00 (1203)/\$195.00 (2203) \$ 0.00 Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extension \$130.00 (1251)/\$65.00 (2251) Two Month Extensions \$490.00 (1252)/\$245.00 (2252) Three Month Extensions \$1110.00 (1253/\$555.00 (2253) Four Month Extensions \$1730.00 (1254/\$865.00 (2254) Five Month Extensions \$2350.00 (1255/\$1175.00 (2255) \$ 555.00 Terminal disclaimer enclosed, add \$140.00 (1814)/ \$70.00 (2814) \$ 0.00 Applicant claims "small entity" status. ☐ Statement filed herewith Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 0.00 Assignment Recording Fee \$40.00 (8021) 0.00 Other: \$ 0.00 **TOTAL FEE \$** 555.00 $oxed{oxed}$ CREDIT CARD PAYMENT FORM ATTACHED. firm) to our Account No. 14-1140.

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